

State of Idaho
DEPARTMENT OF INSURANCE

BRAD LITTLE
Governor

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DEAN L. CAMERON
Director

Request for Public Records

PLEASE PRINT:

Date of Request*: _____ Telephone No.*: _____

Name*: _____

Email*: _____

Business: _____

Address*: _____ Apt/Suite: _____

City*: _____ State/Zip*: _____

Please answer one of the following regarding Idaho resident status*:

☐ I am NOT an Idaho resident.

☐ I attest that I am an Idaho resident and have been domiciled in Idaho continuously for a period of at least thirty (30) days. The address I have provided reflects this status.
(See Idaho Code § 74-101(15))

I would like to receive the records provided by*:

☐ Email

☐ Fax

☐ Postal Mail

I am requesting records from the following Idaho state agency:

☐ Idaho Department of Insurance

☐ Idaho State Fire Marshal

I am requesting the following public records*:

The records I am requesting were created after: _____

And created before: _____

*Please retain a copy of this page for your records.
Please note that any charges may apply, as permitted by the Idaho Public Records Act.*